

CONTINUATION SHEET FOR QUESTIONNAIRES

SF 86, SF 85P, AND SF 85

Standard Form 86A
Revised December 1990

U.S. Office of Personnel Management
FPM Chapter 736

For use with the SF 86, Questionnaire for Sensitive Positions (for National Security);
SF 85P, Questionnaire for Public Trust Positions;
and SF 85, Questionnaire for Non-Sensitive Positions

Form Approved
O.M.B. No. 3206-0007

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived" and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as you need to furnish all the requested information.

Your Name	Your Social Security Number	
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WHERE YOU HAVE LIVED (Continued)

Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number
Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number
Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number
Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number
Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number

YOUR EMPLOYMENT ACTIVITIES (Continued)

Month/Year To	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title
Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year To	Month/Year	Your Position Title & Supervisor's Name	Month/Year To	Month/Year	Your Position Title & Supervisor's Name

Month/Year To	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title
Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

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YOUR EMPLOYMENT ACTIVITIES (Continued)					
Month/Year To	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title	
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Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code Telephone Number
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To					
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Employer's/Verifier's Street Address			City (Country)	State	ZIP Code Telephone Number
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Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code Telephone Number
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To					

Enter your Social Security Number

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